



# Medicines Control Authority of Zimbabwe

## Bioavailability/Bioequivalence (BA/BE) Course Application Form

Interested candidates are required to complete this form and submit a completed application form, and a support letter from their employer (including confirmation of the funding) to the Director - General, MCAZ by email at [training@mcaz.co.zw](mailto:training@mcaz.co.zw) ; [mcaz@mcaz.co.zw](mailto:mcaz@mcaz.co.zw).

### 1. PERSONAL INFORMATION

Surname (Full name) .....

First Name (s) .....

Gender .....

Date of Birth .....

Nationality .....

ID / Passport # .....

### 2. EDUCATIONAL BACKGROUND

Participants should have a bachelor's degree in **pharmacy, pharmaceutical sciences, chemistry, medicine, veterinary** or the life sciences with at least two years working experience in a relevant field such as in medicines regulation, pharmaceutical manufacturing industry, research and/or academia.

A. ACADEMIC QUALIFICATIONS	
FULL NAME OF INSTITUTION	DEGREE OBTAINED
B. RELEVANT PROFESSIONAL COURSES (e.g. BE, BA, GCP)	

### 3. PROFESSIONAL ACTIVITIES

.....

PRESENT OCCUPATION FROM (DATE)

.....

INSTITUTION, ORGANIZATION OR COMPANY

.....

TELEPHONE/MOBILE NO (+ area code) E-MAIL



**4. OFFICIAL ENDORSEMENT**

Your application will not be considered unless this section is correctly filled in by the person endorsing the application (public official, employer, or academic supervisor). The undersigned:

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NAME TITLE OR POSITION INSTITUTION OR ORGANIZATION

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TELEPHONE/MOBILE NO (+ area code) E-MAIL

Endorses the application of the candidate: [NAME] .....

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SIGNATURE OF PERSON ENDORSING APPLICATION DATE

**5. CANDIDATE'S STATEMENT**

I declare that the above information is true and correct.

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CANDIDATE'S SIGNATURE DATE

How did you learn about the course?

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